

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(Includes Reference to PCT International Applications)

**ATTORNEY'S
DOCKET
NUMBER:**

INTM-016

As the below-named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"METHODS OF TREATING IDIOPATHIC PULMONARY FIBROSIS"

the specification of which (check only one item below):

- ☐ is attached hereto.
- ☐ was filed as United States Application Serial No. _____, and was amended on, _____ (if applicable).
- ☒ was filed as PCT International Application Number PCT/US03/26388, and was amended under PCT Article 19 on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

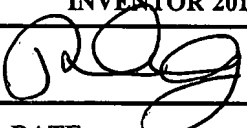
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C § 119(a)-(d) or (f) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application(s) designating at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s) or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119(a)-(d) or (f):

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (continued) (Includes Reference to PCT International Applications)			ATTORNEY'S DOCKET NUMBER: INTM-016	
I hereby claim the benefit under Title 35, United States Code, §120 or §119(e) of any United States application(s) or §365(c) of any PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56 which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:				
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. §120 or §119(e):				
U.S. APPLICATION NO.	U.S. FILING DATE	PATENTED	PENDING	EXPIRED
60/406,515	August 27, 2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POWER OF ATTORNEY <input checked="" type="checkbox"/> As a named inventor I hereby appoint Practitioners at Customer Number 24353 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.				
<div style="display: flex; justify-content: space-between;"> <div> CORRESPONDENCE ADDRESS Direct all correspondence to: </div> <div style="text-align: center;"> <input checked="" type="checkbox"/> Customer Number 24353 <div style="border: 1px solid black; width: 200px; height: 40px; margin: 5px auto;"></div> </div> <div> <input type="checkbox"/> Correspondence address below </div> </div>				
BOZICEVIC, FIELD & FRANCIS LLP 1900 University Avenue, Suite 200 East Palo Alto, California 94303 Telephone: (650) 327-3400 Facsimile: (650) 327-3231				
Direct Telephone Calls to: <i>(name and telephone number)</i> Name: Paula A. Borden Registration No. 42,344 Telephone: (650) 327-3400 Facsimile: (650) 327-3231				

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (continued) (Includes Reference to PCT International Applications)					ATTORNEY'S DOCKET NUMBER: INTM-016		
201	FULL NAME OF INVENTOR	FAMILY NAME OR SURNAME	GIVEN NAME (FIRST & MIDDLE NAME [IF ANY])				
		CRAGER	MICHAEL				
	ADDRESS AND CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP			
		Menlo Park	California	USA			
	POST OFFICE ADDRESS	STREET ADDRESS	CITY, STATE	ZIP	COUNTRY		
63 Lorelei Lane		Menlo Park, CA	94025	USA			
202	FULL NAME OF INVENTOR	FAMILY NAME OR SURNAME	GIVEN NAME (FIRST & MIDDLE NAME [IF ANY])				
		HARKONEN	SCOTT				
	ADDRESS AND CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP			
		San Francisco	CA	USA			
	POST OFFICE ADDRESS	STREET ADDRESS	CITY, STATE	ZIP	COUNTRY		
125 Montalvo Avenue		San Francisco, CA	94116	USA			
203	FULL NAME OF INVENTOR	FAMILY NAME OR SURNAME	GIVEN NAME (FIRST & MIDDLE NAME [IF ANY])				
	ADDRESS AND CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP			
	POST OFFICE ADDRESS	STREET ADDRESS	CITY, STATE	ZIP	COUNTRY		
204	FULL NAME OF INVENTOR	FAMILY NAME OR SURNAME	GIVEN NAME (FIRST & MIDDLE NAME [IF ANY])				
	ADDRESS AND CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP			
	POST OFFICE ADDRESS	STREET ADDRESS	CITY, STATE	ZIP	COUNTRY		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.							
SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203		SIGNATURE OF INVENTOR 204	
							
DATE: 25 June 2005		DATE:		DATE:		DATE:	